Revision: HCFA-PM- 91-10 DECEMBER 1991 (MB)

State/Territory:

Arizona

Citation 42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)

4.14 <u>Utilization/Quality Control</u>

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

X Directly

- By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--
 - (1) Meets the requirements of \$434.6(a);
 - (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
 - (3) Identifies the services and providers subject to PRO review;
 - (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
 - (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.

By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

(waiver)

1902(a)(30)(C)

and 1902(d) of the

Act, P.L. 99-509

(section 9431)

TN No. 92-7

Supersedes

TN No. 88-7

Revision:	HCFA-PM-85-3	(BERC)

MAY 1985

State: ARIZONA

4.14

OMB NO. 0938-0193

Citation 42 CFR 456.2 50 FR 15312 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

VIII Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

// Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

// All hospitals (other than mental hospitals).

// Those specified in the waiver.

/ / No waivers have been granted.

TN No. 85-6 Supersedes TN No.

Approval Date

AUG 2 2 1985

Effective Date AUG 1 6 1985

Revision:

HCFA-PM-85-7

(BERC)

OMB No.: 0938-0193

July 1985

State/Territory: ARIZONA

Citation

42 CFR 456.2 50 FR 15312 4.14 (c) Th

The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

____ All mental hospitals.

___ Those specified in the waiver.

____ No waivers have been granted.

Not applicable. Inpatient services in mental hospitals are not provided under this plan.

X The Medicaid agency assures that the requirements of 42 CFR 456, Subpart D, are met either directly or through an intergovernmental agreement with the <u>Arizona Department of Health Services (ADHS)</u> which oversees utilization review in mental hospitals for persons who receive behavioral health services through the ADHS.

Revision: HCFA-PM-85-3

MAY 1985

(BERC)

OMB No.: 0938-0193

State/Territory: ARIZONA

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42 CFR 456.2 50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility

services.

Utilization and medical review are _X_ performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

All skilled nursing facilities.

Those specified in the waiver.

X No waivers have been granted.

TN No. 95-15 Supersedes TN No. 82-01

Approval Date Effective Date October 1, 1995

Revision:

HCFA-PM-85-3 (BERC)

MAY 1985

State: ARIZONA

OMD No.: 0938-0193

<u>Citation</u> 42 CFR 456.2 50 FR 15312 4.14 $\overline{/X/}$ (e) The Medicaid agency meets the requirements of CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is proved through:

- /X/ Facility-based review
- // Direct review by personnel of the medical assistance unit of the State agency.
- // Personnel under contract to the medical assistance unit of the State agency.
- // Utilization and Quality Control Peer Review Organizations.
- // Another method as described in <u>ATTACHMENT</u> 4.14-A.
- // Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.
- // Not applicable. Intermediate care facility services are not provided under this plan.

TN No. 88-12 Supersedes TN No. 85-6

Approval Date

MAR 1 1989

Effective Date

QEC 1 9 1988

HCFA ID: 0048P/0002P

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Arizona

Citation

4.14 Utilization/Quality Control (Continued)

1902(a)(30) and 1902(d) of the Act, P.L. 99-509 (Section 9431) P.L. 99-203 (section 4113)

(waiver)

(f) The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a)(30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

A private accreditation body.

An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

TN No. 92-7 Supersedes TN No. 87-7

Approval Date 6/(9/92 Effective Date JAN. 1, 1992